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	Division of Co Fax Number	: (850)617-6383	
From;	Jennifer L. Wittiernson, Esg.		
	Account Name	: CRARY, BUCHANAN, BOWDISH, ET AL	
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	(((H25000040825 3))) ICLES OF AMENDMENT TO CLES OF ORGANIZATION OF	FILED 2025 FEB - 3 PH 3: 33 THELINISSEE LIDEN
SW SAND TRAIL LLC		(+ ORIA)
(Name of the Limited	Liability Company as It now appears on our re Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L21000223469</u>	bility Company were filed on	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BC</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address t		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florkla street ad	dress
		Florida

New Registered Agent's Signature, if changing Registered Agent:

¢

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
AMBR	JEFFREY B IKEN	15317 E FIREROCK COUNTRY CLUB, DR	□Add
		FOUNTAIN HILLS, AZ 85268 UN	Remove
			□ Change
AMBR	EARLE JOHNSTON	10423 FIDDLERS WAY	🗆 Add
		PALM CITY, FL 34990 UN	BRemove
			Change
MGR	JEFFREY B. IKEN	15317 E FIREROCK COUNTRY CLUB DR	⊟ Add
		FOUNTAIN HILLS, AZ 85268	🗆 Remove
MGR	EARLE J. JOHNSTON	10423 FIDDLERS WAY	🖻 Add
		PALM CITY, FL 34990	🗆 Remove
			ာက် ကိုက်က္ခာ ကိုက်က္ခာ
			🗆 Add
			🗆 Remove
			Change

(FAX)

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D. If amending any other (aformation, enter change(s) here: (Attach additional theets, if accessory)

Typed or printed name of signer

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